## PART B - FEE(S) TRANSMITTAL

Complete and send this form, toge	ther with applicable	fee(s), to: Mail M	ail Stop ISSUE I	FEE			
JUL 2 0 2	007 (L)	P. Al	ommissioner for O. Box 1450 lexandria, Virgin 71)-273-2885				
INSTRUCTIONS: This form stould be used appropriate. All further correspondence includindicated unless corrected below of directed by maintenance fee notifications.	for transmitting the ISSI ing the Patent, advance of therwise in Block I, by (				·		
CURRENT CORRESPONDENCE ADDRESS (Note: Use E	Block 1 for any change of address)	Fed par	e(s) Transmittal. This pers. Each additional	certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, mus		
WELSH & KATZ, LTD 120 S RIVERSIDE PLAZA 22ND FLOOR CHICAGO, IL 60606	3/2007	I h Sta ade tra:	Certi- cereby certify that this ates Postal Service with dressed to the Mail is nsmitted to the USPTO	Ficate of Mailing or Trans Fee(s) Transmittal is bein th sufficient postage for fir Stop ISSUE FEE address O (571) 273-2885, on the C	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.  (Depositor's name)		
07/23/2007 WABDELR3 00000073 230920 01 FC:2501 700.00 DA	10627435		Jul	7 18, 2007	(Signature) (Date)		
02 APPLANTION NO. 300 00 DA FILING DATE		FIRST NAMED INVENTOR	R /	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/627,435 07/25/2003	. 1	Kevin L. Parsons		8342-89801	2344		
TITLE OF INVENTION: MINIATURE FLASH	LIGHT HAVING REPLA		ACK AND MULTIPL	E OPERATING MODES	Son Sparies		
APPLN. TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE		
nonprovisional YES	\$700	\$300	.\$0	\$1000	09/25/2007		
EXAMINER	ART UNIT	CLASS-SUBCLASS	<b>.</b>		<u>.</u>		
DZIERZYNSKI, EVAN P	2875	362-205000	_		•		
<ol> <li>Change of correspondence address or indication CFR 1.363).</li> <li>Change of correspondence address (or Change form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address PTO/SB/47; Rev 03-02 or more recent) attact Number is required.</li> </ol>	ange of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DAT PLEASE NOTE: Unless an assignee is iden recordation as set forth in 37 CFR 3.11. Com (A) NAME OF ASSIGNEE	tified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT	patent. If an assignee a assignment. Y and STATE OR CO	UNTRY)	ocument has been filed for		
Armament Systems and Please check the appropriate assignee category of			n, Wisconsin Individual 😡 Corp		oup entity Government		
4a. The following fee(s) are submitted:  Solution State Sta	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-0920 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicate a. Applicant claims SMALL ENTITY stat	us. See 37 CFR 1.27.			ENTITY status. See 37 C			
NOTE: The Issue Fee and Publication Fee (if req interest as shown by the records of the United Sta	uired) will not be accepted ates Patent and Trademark	d from anyone other than Office.	the applicant; a registe	ered attorney or agent; or the	ne assignee or other party in		
Authorized Signature	<i>&gt;</i>		Date Ju	ly 18, 2007			
Typed or printed name Jon P. Ch			34,137				
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Complete If Known

sope to A :

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

CE TD	MITT	Al L	Application Number	10/627,4	10/627,435							
FEETRANSMITTAL JUL 2 0 2007 or FY 2006				Filing Date	07/25/20	07/25/2003						
				First Named Inventor	Kevin L.	Kevin L. Parsons						
						Dzierzynski						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2875								
TOTAL AMOUNT OF PAYMENT (\$\1000.00				Attorney Docket No.	8342-89	801		フ				
METHOD OF PAYMEN	IT (check all	that apply)		· <del>- · · · · · · · · · · · · · · · · · ·</del>								
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 23-0920  Deposit Account Name: Welsh & Katz Ltd.												
<del></del> ·	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s)	indicated bel	ow		Charge fee(s	i) indicated belo	w. except for th	e filina fee					
Charge any a	Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Credit any overpayments											
WARNING: Information on the information and authorization	his form may b	ecome public. C	redit card infor	mation should not be	included on this	form. Provide cre	dit card					
FEE CALCULATION	(All the fees	below are d	ue upon filir	ng or may be sub	ject to a surc	harge.)						
1. BASIC FILING, SEA												
	FILING I		SEARC	H FEES	EXAMINA	TION FEES						
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)					
Utility	300	150	500	250	200	100	100					
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FE			·	·	· ·		Small Entity					
Fee Description						Fee (\$)	Fee (\$)					
Each claim over 20 (inc				50	25							
Each independent claim over 3 (including Reissues)						200	100					
Multiple dependent claims				Daid (ft)		360	180					
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee</u> - 20 or HP = 0 x = 0				<u> Paid (\$)</u>		Fee (\$)	endent Claims Fee Paid (\$)					
HP = highest number of total of	<u> </u>		<u>~</u>			<del></del>						
Indep. Claims	Extra Cla	ims Fee	e (\$) Fees	Paid (\$)								
- 3 or HP	<u> </u>	x	= 0									
HP = highest number of indep	endent claims p	aid for, if greater t	than 3									
3. APPLICATION SIZE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
sheets or fraction t					or sman entity	y) for each add	itional 30					
	xtra Sheets			additional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)					
- 100 =		/50=	(rou	and <b>up</b> to a whole nu	mber) x		= 0					
4. OTHER FEE(S) Fee Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): Payment of Issue Fee 1000												
SUBMITTED BY							-					
			egistration No. 34,1 httorney/Agent)	37	Telepho	ne 312-655-1500						
Name (Print/Type), Jop P. Christensen  Date April 11, 2006								<b>」</b>				
his collection of information is			formation is req	uired to obtain or retain	a benefit by the p							

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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